



**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY LIMITS	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

PRODUCER	APPLICANT (First Named Insured)
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## BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5	\$100 MED EXP DED \$200 WK LOSS DED	PHYSICAL DAMAGE		
	7	\$100 MED EXP DED & \$200 WK LOSS DED NO DEDUCTIBLE			
		WK LOSS EXCL NAMED INS ONLY 65 OR OLDER WK LOSS EXCL NAMED INS & FAMILY MEMBERS 65 OR OLDER			
ADDITIONAL P.I.P.	5	WORK LOSS \$	TOWING & LABOR	3 7	\$
	7	ADD'L MEDEXP \$	COMPREHENSIVE*	2 4 8	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7			3 7	
UNINSURED/ UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4			*ANTI-THEFT DISCOUNT APPLIES	YES NO
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
	NO				COMP \$ SPEC C OF L \$ COLL \$ SAFETY GLASS \$ 0
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF	COVERAGE IS:	PRIMARY	SECONDARY
	NO	EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
<b>COVERED AUTO SYMBOLS</b>	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW			(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

## TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE				
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE*	42 46			\$
	42 47	BI EACH ACCIDENT \$		43 47			
	43 50	PROPERTY DAMAGE \$					
PERSONAL INJURY PROTECTION	44	\$100 MED EXP DED \$200 WK LOSS DED	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP		\$
	46	\$100 MED EXP DED & \$200 WK LOSS DED NO DEDUCTIBLE		43 47	F FTW		
		WK LOSS EXCL NAMED INS ONLY 65 OR OLDER WK LOSS EXCL NAMED INS & FAMILY MEMBERS 65 OR OLDER		42 46			
ADDITIONAL P.I.P.	44	WORK LOSS \$	TOWING & LABOR	43 47			\$
	46	ADD'L MEDEXP \$					
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TRAILER INTERCHANGE				
	43		COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS	DEDUCTIBLE
UNINSURED/ UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	COMPREHENSIVE*	48			
	43	BI EACH ACCIDENT \$		49			
	45			SPECIFIED CAUSES OF LOSS	48 49		
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS \$	COLLISION	48			\$
	NO			49			
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH			
	NO						
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF	COVERAGE IS:	PRIMARY	SECONDARY		
	NO	EMPLOYEES					
		VOLUNTEERS					
		PARTNERS	*ANTI-THEFT DISCOUNT APPLIES	YES NO			
<b>COVERED AUTO SYMBOLS</b>	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY			

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE									
LIABILITY	61	67	CSL	BI EA PER	\$	COMPREHENSIVE*	62	67				
	62	68		BI EACH ACCIDENT	\$		63	68				
	63	71		PROPERTY DAMAGE	\$		64					
	64											
PERSONAL INJURY PROTECTION	65			NON-STCKD (PIP)		SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	
	66		\$100 MED EXP DED		\$200 WK LOSS DED		63	68	F	FTW		
	67		\$100 MED EXP DED & \$200 WK LOSS DED		NO DEDUCTIBLE		64					
ADDITIONAL P.I.P.	65		WORK LOSS		\$	COLLISION	62	67				
	67		ADD'L MED EXP		\$		63	68				
MEDICAL PAYMENTS	62	64	EACH PERSON		\$	TOWING & LABOR	63					\$
	63	67					67					
UNINSURED/ UNDERINSURED MOTORIST	62	66	CSL	BI EA PER	\$	<b>TRAILER INTERCHANGE</b>						
	63	67		BI EACH ACCIDENT	\$	<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>STATE</b>	<b># DAYS</b>	<b>RADIUS</b>	<b>DEDUCTIBLE</b>
	64					COMPREHENSIVE*	69					
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE		IF ANY BASIS	COLLISION	69					
	NO		\$				70					
HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO		\$									
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE		NUMBER OF	COVERAGE IS:	PRIMARY		SECONDARY			
	NO		EMPLOYEES									
			VOLUNTEERS									
OTHER			PARTNERS			*ANTI-THEFT DISCOUNT APPLIES	YES					
							NO					
<b>COVERED AUTO SYMBOLS</b>		(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT								
(61) ANY AUTO		(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	(71) NON-OWNED AUTOS ONLY								
(62) OWNED AUTOS ONLY		(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT									
(63) OWNED PRIVATE PASS AUTOS ONLY												

**ENDORSEMENTS**

IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY LISTED ON PAGE 1, ("YOU"), I HEREBY AUTHORIZE YOU TO COLLECT AND DISCLOSE PERSONAL, PRIVILEGED INFORMATION, ABOUT ME, BY AND TO CONSUMER REPORTING AGENCIES, YOUR AUTHORIZED REPRESENTATIVES, ASSIGNEES, AGENTS AND AFFILIATES. THE INFORMATION COLLECTED AND DISCLOSED EXTENDS TO MY CREDIT STANDING, CREDIT WORTHINESS, CREDIT CAPACITY, PERSONAL CHARACTERISTICS AND MODE OF LIVING. THIS AUTHORIZATION IS EFFECTIVE FOR ONE YEAR. I UNDERSTAND THAT I AM ENTITLED TO RECEIVE A COPY OF THIS AUTHORIZATION AND, UPON REQUEST, A RECORD OF ANY SUBSEQUENT DISCLOSURES OF PERSONAL OR PRIVILEGED INFORMATION THAT MUST INCLUDE THE NAME, MAILING ADDRESS AND INSTITUTIONAL AFFILIATION OF THE PARTY TO WHICH THE INFORMATION WAS DISCLOSED AS WELL AS THE DATE OF THE DISCLOSURE, AND TO THE EXTENT PRACTICABLE, A DESCRIPTION OF THE INFORMATION BEING DISCLOSED.

A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

I ACKNOWLEDGE THAT I HAVE BEEN GIVEN A COPY OF THE NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW.  
 IF I OWN MORE THAN ONE VEHICLE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED "STACKED" PERSONAL INJURY PROTECTION COVERAGE FOR ALL VEHICLES. I HAVE SELECTED THE COVERAGE INDICATED IN THIS APPLICATION.  
 I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED/UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.  
 I ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE OPTION OF SELECTING A WORK LOSS EXCLUSION UNDER PERSONAL INJURY PROTECTION COVERAGE, EITHER FOR NAMED INSUREDS AGE 65 OR OLDER, OR NAMED INSUREDS AND FAMILY MEMBERS AGE 65 YEARS OR OLDER. I HAVE SELECTED THE COVERAGE INDICATED IN THIS APPLICATION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

**THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.**

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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# ACORD<sup>TM</sup> BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)			
	FAX (A/C, No):	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN
CODE:	SUB CODE:	FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID:					

## COVERAGES/LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

## DRIVER INFORMATION

ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	MAR SEX STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			8. ANY HOLD HARMLESS AGREEMENTS?		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?			9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
4. ARE ANY VEHICLES LEASED TO OTHERS?			11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS				15. HAS AGENT INSPECTED VEHICLES?	
				MAXIMUM DOLLAR VALUE SUBJECT TO LOSS	
				\$	

## ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
LOSS PAYEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
OWNER					
REGISTRANT		ITEM DESCRIPTION:			

## REMARKS

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**VEHICLE DESCRIPTION** **ACORD 129 attached for additional vehicles**

VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:		V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT	\$		
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	OTHER	\$	\$	\$	COLL	
NET VEH DR/CR:										TOTAL PREM \$			
VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:		V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT	\$		
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	OTHER	\$	\$	\$	COLL	
NET VEH DR/CR:										TOTAL PREM \$			
VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:		V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT	\$		
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	OTHER	\$	\$	\$	COLL	
NET VEH DR/CR:										TOTAL PREM \$			
VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:		V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT	\$		
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	OTHER	\$	\$	\$	COLL	
NET VEH DR/CR:										TOTAL PREM \$			
VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:		V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT	\$		
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	OTHER	\$	\$	\$	COLL	
NET VEH DR/CR:										TOTAL PREM \$			
VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:		V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT	\$		
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	OTHER	\$	\$	\$	COLL	
NET VEH DR/CR:										TOTAL PREM \$			